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Erythema nodosum en zijn aetiologie

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Document Version

Publisher's PDF, also known as Version of record

Publication date:

1939

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Keijer, K. (1939). *Erythema nodosum en zijn aetiologie*. s.n.

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SUMMARY.

of the grounds on which the tuberculosis aetiology of erythema nodosum is based.

1. Tubercle bacilli may be shown microscopically in the lesions of erythema nodosum, and injections of noduli-material in Guinea pigs may be caused by this tuberculosis.
2. Certain clinical indications of tuberculosis are shown by patients with erythema nodosum, especially by children.
3. Whole periods of erythema nodosum have been observed, and tubercular lung-changes have followed in patients who have suffered from it.
4. Sometimes erythema nodosum appears in an epidemic form.
5. A large percentage of subjects before the breaking out of erythema nodosum had a negative tubercular reaction, which was often positive during or shortly after the appearance of the erythema nodosum.
6. Recidivity of erythema nodosum aroused by intracutaneous tuberculin injection in patients with erythema nodosum.
7. The blood-form of erythema nodosum patients resembled the blood-form which appeared with an anaphylactic reaction.
8. Sometimes accompanied by a phlyctaenulary-conjunctivitis.

Probably erythema nodosum often appears with tuberculosis, especially in young children, but also especially in adults with a streptococcal infection. (SPINK, COLLIS, England).

Conclusions: From the study of cases mentioned in medical literature and of those which, in other ways, I have been able to collect, it seems in my opinion, that erythema nodosum must be taken as an expression of an allergic cutaneous reaction, which appears especially with tuberculosis and occasionally with other infections. It may also probably be aroused by non-infectious agencies, as many investigators have ascertained. In Scandinavia, on the Continent, and in England, this is now stated with conviction.

The epidemics of erythema nodosum which have been described, and which are one of the grounds for the idea that

it is an expression of an acute specific infectious illness, can be explained here by the idea, as described above, of the aetiology of erythema nodosum (as allergic). It is of importance that we have in a case of erythema nodosum a clue for the tracing of an active tubercular process. It is of great value to look for the source of the infection. With a subject who reacts positively to tuberculin, erythema nodosum nearly always shows that the tubercular infection took place from 3 to 8 weeks previously. This knowledge must facilitate the discovery of the source of the tuberculosis.

Erythema nodosum in a tuberculosis-negative child appears to indicate no direction for help in clinical work. It is of great importance, therefore, that every patient with erythema nodosum should be examined thoroughly on every point, and it is necessary, as soon as it is possible, to examine the contents of the chest Röntgenologically, especially when we have to do with the (what is called) idiopathical cases of erythema nodosum.

We ought not to be contented with the results of the first examination. Progress after the cure of the erythema nodosum should be thoroughly ascertained. Either the help of the Consultation-Bureaux for Tuberculosis should be called in, or an internal Röntgenological examination should be made by a specialist.

The percentage of cases of erythema nodosum which later on are followed by a lethal progressive tuberculosis is, according to Norwegian statistics, about $4\frac{1}{2}\%$, mostly in that year which is in direct connection with the erythema nodosum. The same conclusion is valid also for the appearance of pleurisy.

Inter-family-life is the greatest danger where there are children, while, when erythema nodosum develops in adults, the surroundings of the patient should be kept in view.

One cause of the high percentage of cases of erythema nodosum in women is perhaps the considerable fluctuations in general immunity, which the hormone cycle in adults brings, especially against tuberculosis.

The study of erythema nodosum opens up prospects which may be instructive for the knowledge of the development of tubercular processes.